

Georgia Department of Human Resources
SUPPORTING BUDGET SCHEDULE: INTRA/INTER AGENCY TRANSACTIONS
 for the Fiscal Year July 1, 20__ through June 30, 20__

Division # 030			Program #		
Local Agency #	Local Agency Name	Program Name	Budget Revision #		
Program #	Program Name	Transaction Purpose			Annual Amount
Total					

NOTE: For each transaction, attach a cost allocation plan indicating the basis of valuation.

I certify that the information on this schedule is a complete and accurate detail of Intra/Inter Agency Transactions.

DHR: ☐ Approval
 ☐ Approval w/Exception
 ☐ Disapproval

 Board Chairperson or Executive Director
 Form 1241 (2-00)

 Signature

 Date